| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155520 | A. BUILDING 00<br>B. WING | 01/03/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRAUN'S NURSING HOME LLC | 909 FIRST AVE<br>EVANSVILLE, IN 47710 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F0000 | This visit was for the Investigation of Complaint IN00121244.<br><br>Complaint IN00121244 Substantiated, Federal/State deficiencies are cited at F 223.<br><br>Survey dates:<br>January 2 and 3, 2013<br><br>Facility number: 000437<br>Provider number: 155520<br>AIM number: 100273770<br><br>Survey team:<br>Anne Marie Crays RN<br><br>Census bed type:<br>NF: 38<br>SNF/NF: 15<br>Total: 53<br><br>Census payor type:<br>Medicare: 2<br>Medicaid: 42<br>Other: 9<br>Total: 53<br><br>Sample: 8<br><br>Braun's Nursing Home LLC was found to be in substantial compliance | F0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | with 42 CFR Part 483, Subpart B in regard to the Investigation of Complaint IN00121244. This deficiency reflects state findings cited in accordance with 410 IAC 16.2.<br><br>Quality Review completed by Debora Barth, RN on 1/8/13. | | | |

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| F0223 SS=A | 483.13(b), 483.13(c)(1)(i)<br>FREE FROM ABUSE/INVOLUNTARY SECLUSION<br>The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.<br><br>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.<br><br>Based on interview and record review, the facility failed to ensure a resident was free from verbal and/or mental abuse by a CNA, for 1 of 6 residents reviewed for abuse, in a sample of 8. Resident F<br><br>Findings include:<br><br>1. On 1/2/13 at 11:30 A.M., the Director of Nursing [DON] provided a "Facility Incident Reporting Form," faxed to the Indiana State Department of Health on 10/9/12. The form included: "...Resident Name: [Resident F]...Staff Involved: [CNA # 1], Brief Description of Incident: During an investigation regarding a complaint against the above referenced CNA, this resident conveyed to the D.O.N. that [CNA # 1] had stated to her 'that you need to get your fat a--s some bigger clothes.' This occurred as the CNA was putting the resident to bed...Immediate Action Taken: This associate was terminated as of Monday, | F0223 | Plan of Correction Response for F223 This administration does not condone ANY violation of resident right's, to include any form of abuse. The facility practices and/or has implemented individual measures to prevent and prohibit the mistreatment, neglect, and abuse of our residents and any misappropriation of resident property. In order to address the findings identified during the survey, the following items have or will be implemented: 1. Developed a written "Abuse Prohibition Program" to tie together the individual processes practiced by staff of this facility. This includes screening and training of prospective and current staff; processes for prevention; means of identifying abuse; the investigation of a reported incident; the means in which residents are protected during an investigation, and the proper reporting of violations to appropriate agencies. Policy and Procedure was implemented on Monday, January 7, 2013 2. | 01/25/2013 |

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| | October 8, 2012...Preventative measures taken: Administration will conduct a re-inservice on Resident Rights and the Elder Justice Abuse Act."<br><br>On 1/3/13 at 9:50 A.M., during interview with the DON and Administrator, the DON indicated she was interviewing different residents regarding abuse during an abuse investigation of CNA # 1, when Resident F informed her what CNA # 1 told her. The DON indicated Resident F was alert with confusion at times, but was able to state CNA # 1's name, what she was doing at that time, and what CNA # 1 said. The DON indicated CNA # 1 was terminated. The Administrator indicated she turned CNA # 1 into the Nurse Aide registry.<br><br>2. On 1/2/13 at 12:00 P.M., the Director of Nursing provided the facility's policy on "Incidents of Suspected Abuse," revised 2/24/12. The policy included: "...Residents residing in this facility will be treated with dignity and respect in accordance with individual needs. They will not be subjected to physical, mental, verbal or sexual abuse...Verbal Abuse: Refers to the use of oral, written, and/or gestured language that willfully includes disparaging and derogatory terms to residents...Mental Abuse: Includes, but is not limited to humiliation, harassment, | | Conducted an in-service session for all CNA's regarding "Abuse Prohibition" on Friday, January 11, 2013. 3. Will conduct a full staff in-service regarding "Abuse Prohibition" on Friday, January 25, 2013. This administration will continue to observe an open door policy, so staff, residents, families, and visitors feel comfortable to report any and all suspected violations. Also, we will continue to talk with our residents, discuss their overall experience, determine where we are excelling and identify the areas that may need to be addressed so we can continue to meet their quality of life expectations. Margaret H. Braun, HFA Administrator Braun's Nursing Home | |

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| | threats of punishment or deprivation...."<br><br>This federal tag relates to Complaint IN00121244.<br><br>3.1-27(b) | | | |